MANORCARE HEALTH SERVICES

265 SOUTH NATIONAL AVENUE

FOND DU LAC 54935 Phone: (920) 922-7342 Ownership:

Operated from 1/1 To 12/31 Days of Operation: 365 Highest Lev

FOND DU LAC 54935 Phone: (920) 922-7342 Ownership: Corporation Operated from 1/1 To 12/31 Days of Operation: 365 Highest Level License: Skilled Operate in Conjunction with Hospital? No Operate in Conjunction with CBRF? No Number of Beds Set Up and Staffed (12/31/03): 107 Title 18 (Medicare) Certified? Yes Total Licensed Bed Capacity (12/31/03): 108 Title 19 (Medicaid) Certified? Yes Number of Residents on 12/31/03: 92 Average Daily Census: 99

Services Provided to Non-Residents		Age, Gender, and Primary Di	agnosis	of Residents (12/31/03)	Length of Stay (12/31/03)	%
Home Health Care Supp. Home Care-Personal Care	No No	 Primary Diagnosis 		Age Groups	\{\bar{\}}		22.8
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	7.6		25.0
Day Services	No	Mental Illness (Org./Psy)	58.7	65 - 74	7.6		
Respite Care	Yes	Mental Illness (Other)	3.3	75 - 84	37.0		88.0
Adult Day Care	Yes	Alcohol & Other Drug Abuse	0.0	85 - 94	44.6	* * * * * * * * * * * * * * * * * * *	*****
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	4.3	95 & Over	3.3	Full-Time Equivalent	
Congregate Meals	No	Cancer	1.1			Nursing Staff per 100 Res:	idents
Home Delivered Meals	No	Fractures	1.1		100.0	(12/31/03)	
Other Meals	No	Cardiovascular	7.6	65 & Over	92.4		
Transportation	No	Cerebrovascular	8.7			RNs	7.9
Referral Service	No	Diabetes	3.3	Gender	%	LPNs	9.7
Other Services	No	Respiratory	5.4			Nursing Assistants,	
Provide Day Programming for		Other Medical Conditions	6.5	Male	35.9	Aides, & Orderlies	46.4
Mentally Ill	No			Female	64.1		
Provide Day Programming for			100.0	I			
Developmentally Disabled	No			I	100.0		
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Method of Reimbursement

		edicare			edicaid itle 19			Other			Private Pay	:		Family Care			Managed Care	l 		
Level of Care	No.	90	Per Diem (\$)	No.	οlo	Per Diem (\$)	No.	90	Per Diem (\$)	No.	90	Per Diem (\$)	No.	%	Per Diem (\$)	No.	olo	Per Diem (\$)	Total Resi- dents	- Of
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	5	100.0	316	59	100.0	108	5	100.0	108	11	100.0	136	9	100.0	105	3	100.0	177	92	100.0
Intermediate				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Limited Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled				0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain In	j 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Depender	nt 0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	5	100.0		59	100.0		5	100.0		11	100.0		9	100.0		3	100.0		92	100.0

Admissions, Discharges, and	I	Percent Distribution	of Residents'	Condit	ions, Services, an	d Activities as of 12/	31/03			
Deaths During Reporting Period	% Needing									
ercent Admissions from:		Activities of	8		sistance of	% Totally	Total Number of			
Private Home/No Home Health	13.8	Daily Living (ADL)	Independent	One	Or Two Staff	Dependent	Residents			
Private Home/With Home Health	7.7	Bathing	3.3		59.8	37.0	92			
Other Nursing Homes	3.8	Dressing	9.8		57.6	32.6	92			
Acute Care Hospitals	68.5	Transferring	19.6		53.3	27.2	92			
Psych. HospMR/DD Facilities	2.3	Toilet Use	13.0		54.3	32.6	92			
Rehabilitation Hospitals	0.0	Eating	29.3		53.3	17.4	92			
Other Locations	3.8	*****	*****	*****	* * * * * * * * * * * * * * * * * *	*****	* * * * * * * * *			
otal Number of Admissions	130	Continence		용	Special Treatmen	ts	용			
ercent Discharges To:		Indwelling Or Extern	al Catheter	4.3	Receiving Resp	iratory Care	4.3			
Private Home/No Home Health	22.9	Occ/Freq. Incontinen	t of Bladder	82.6	Receiving Trac	heostomy Care	0.0			
Private Home/With Home Health	9.2	Occ/Freq. Incontinen	t of Bowel	66.3	Receiving Suct	ioning	0.0			
Other Nursing Homes	7.6	-			Receiving Osto	my Care	0.0			
Acute Care Hospitals	19.8	Mobility			Receiving Tube	Feeding	1.1			
Psych. HospMR/DD Facilities	2.3	Physically Restraine	d	7.6	Receiving Mech	anically Altered Diets	23.9			
Rehabilitation Hospitals	0.0				_	-				
Other Locations	11.5	Skin Care			Other Resident C	haracteristics				
Deaths	26.7	With Pressure Sores		3.3	Have Advance D	irectives	66.3			
otal Number of Discharges	i	With Rashes		13.0	Medications					
(Including Deaths)	131 i				Receiving Psyc	hoactive Drugs	54.3			

Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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		Owne	ership:	Bed	Size:	Lic	ensure:		
	This	This Proprietary		100	-199	Ski	lled	Al	1
	Facility	Peer	Group	Peer	Group	Peer	Group	Faci	lities
	%	용	Ratio	용	Ratio	양	Ratio	왕	Ratio
Occumency Date: Average Daily Concyc/Licensed Dada	91.7	84.6	1.08	87.2	1.05	88.1	1.04	87.4	1.05
Occupancy Rate: Average Daily Census/Licensed Beds									
Current Residents from In-County	75.0	75.5	0.99	78.9	0.95	69.7	1.08	76.7	0.98
Admissions from In-County, Still Residing	18.5	18.9	0.98	23.1	0.80	21.4	0.86	19.6	0.94
Admissions/Average Daily Census	131.3	152.9	0.86	115.9	1.13	109.6	1.20	141.3	0.93
Discharges/Average Daily Census	132.3	154.8	0.85	117.7	1.12	111.3	1.19	142.5	0.93
Discharges To Private Residence/Average Daily Census	42.4	63.8	0.67	46.3	0.92	42.9	0.99	61.6	0.69
Residents Receiving Skilled Care	100	94.6	1.06	96.5	1.04	92.4	1.08	88.1	1.14
Residents Aged 65 and Older	92.4	93.7	0.99	93.3	0.99	93.1	0.99	87.8	1.05
Title 19 (Medicaid) Funded Residents	64.1	66.0	0.97	68.3	0.94	68.8	0.93	65.9	0.97
Private Pay Funded Residents	12.0	19.0	0.63	19.3	0.62	20.5	0.58	21.0	0.57
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	62.0	31.3	1.98	39.6	1.57	38.2	1.62	33.6	1.84
General Medical Service Residents	6.5	23.7	0.27	21.6	0.30	21.9	0.30	20.6	0.32
Impaired ADL (Mean)	57.6	48.4	1.19	50.4	1.14	48.0	1.20	49.4	1.17
Psychological Problems	54.3	50.1	1.08	55.3	0.98	54.9	0.99	57.4	0.95
Nursing Care Required (Mean)	5.7	6.6	0.87	7.4	0.77	7.3	0.78	7.3	0.78